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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24562**

FILED AUG 10 1940  
Registration District No. **23**

Primary Registration District No. **3006**

Registrar's No. **148**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Cancer Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Claude Franklin Farrow

8. (b) If veteran, name war UNKNOWN 8. (c) Social Security No. 7

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mrs. LAURA FARROW 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN. 7, 1900  
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Saw mill Operator

11. Industry or business Cape Girardeau County, Mo.

12. Name Alfred Farrow

13. Birthplace Memphis TENN.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Weltey

15. Birthplace Old Appleton Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Social Service Record

(b) Address STATE CANCER HOSP

17. (a) Burial (b) Date thereof July 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Creek

18. (a) Signature of funeral director Jackson  
(b) Address \_\_\_\_\_

19. (a) 7/15/40 (b) Allie Selig  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17<sup>th</sup>  
year 1940 hour 7:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 12<sup>th</sup>, 1940 to July 14<sup>th</sup>, 1940; that I last saw him alive on July 14<sup>th</sup>, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF PROSTATE Duration 1 year.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Ellis E. Fisher (M. D. or other) \_\_\_\_\_  
Address Ellis Fisher Hosp. Columbia, Mo. Date signed 7/14/40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Glenn Wilson*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Glenn Wilson*

Licensed Embalmer No. \_\_\_\_\_

*2878*

P. O. Address \_\_\_\_\_

*Jackson Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**